WVU Medicine

Endocrinology Clinic Referral

PHONE: **304-598-4855** FAX: **304-974-3393** **1 Medical Center Drive, PO Box 9159 Morgantown, WV 26506-9159**

Thank you for referring your patient to our Endocrinology Clinic. To better evaluate the patient during his or her initial visit, we are requesting that you complete and fax this from back to us along with copies of records and information listed below.

Date of Referral: _____/_____/_____

Referring Physician: _____ Practice Name: _____

Phone #: _____ Fax #: _____

Address: _____

Contact Person: _____

PATIENT INFORMATION

Name: (Last) _____ (First) _____ (MI) _____

DOB: _____/_____/_____ Social Security #: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

Diagnosis: _____

PATIENT INSURANCE INFORMATION

Insurance Co. Name: _____ ☐ **HMO** or ☐ **PPO** (Please circle.)

Policy ID #: _____ Group #: _____

Subscriber's Name: _____ DOB: _____/_____/_____ SS #: _____

Please attach a copy of the patient's card.

DOCUMENTS NEEDED

- ☐ **Documentation of diabetic education (mandatory) for diabetic patients**
- ☐ **Referral letter**
- ☐ **Last progress note**
- ☐ **Current labs**
- ☐ **Scans / X-ray pathology reports**

Referrals over 20 pages need to be mailed (not faxed) to:

WVU Section of Endocrinology
Health Sciences Center
1 Medical Center Drive
PO Box 9159
Morgantown, WV 26506-9159